Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

		Effec	ctive Janu	ary 1, 20	03			·	•			
	FOTAL CLASS	CLAIMS A	(Colum		umn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FE	E \$375	OF	BASIC FE	\$750
TOTAL CHARGEABLE CLAIMS			m	ninus 20=				X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			r	ninus 3 =	*		-	X42=	 	1	\	
M	IULTIPLE DEPE	NDENT CLAIM F	PRESENT				-	A LES		OR	X84=	
*	If the difference	e in column 1 is	loca than		*O!! :			140=		OR	+280=	
١			• •	ess than zero, enter "0" in column 2			7	TOTAL			TOTAL	
	((Column 1)	AMENDE	MENDED - PART II			SMALL ENTITY			00		THAN
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	ST SER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
Į	Independent	*	Miùna	***		=	\ \ \ \ \	 (42=		OR	X84=	
_	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-	·	<u> </u>			
		(Column 1)	B	(Colum		(Column 3)		140= TOTAL IT. FEE		OR OR	+280= TOTAL ADDIT. FEE	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R	ΑŢΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 10	Minus	** 1	<u> </u>	=	×	\$9=	/	OR	X\$18=	·
	Independent	NTATION OF AU	Minus	<u>*** 3</u>			×	42=		OF	X84=	
	rinoi Priese	NTATION OF MU	JUIPLE DEI	PENDENT	CLAIM		+1	40=		OR	+280=	
•	\cap							TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
_	U	(Column 1)		(Columi		(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	" 20)	= /	X\$	S 9=		OR	X\$18=	
ŀ	Independent	· 2	Minus	*** 3		=	X4	2=	1	1	X84=	\neg
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	PENDENT C	LAIM		-			OR	- 	\leftarrow
If the entry in column 1 is less than the entry in column 2 write "0" in column 3										+280=		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

011796

		CLAIMS AS	(Column 1) (Column 2)			SMALL ENTITY TYPE			OR	OTHER THAN		
TOTAL CLAIMS			11					RATE	FEE	Γ	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	, (minus 20=		* _			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	/ m	inus 3 =	* -			X42=	.,	OR	X84=	
ΜU	ILTIPLE DEPEN	DENT CLAIM P	PRESENT				+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0"						olumn 2	با	ΓΟΤΑL		OR	TOTAL	740.
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (C						(Column 3)	9	SMALL E	NTITY	OR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 11	Minus	** 6	ಶ	= ~		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT					T CLAIM			+140=		OR	+280=	/
							L_ ^5	TOTAL DIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)		,D11.1 LL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	1	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	II CLAIM		┙┞	+140=		OR	+280=	
							L	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	umn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU: PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž Ž	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WEI	Independent	*	Minus	***		=	11	X42=		OR	X84=	
	FIRST PRESE	NTATION OF N	MULTIPLE D	EPENDE	NT CLAIN	1	」	+140=		OR	+280=	,
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number >

10) 035444

	Rce	CLAIMS A	- PART in 1)	SIMIA			SMALL E	NTITY	OR	OTHE	R THAN ENTITY	
TOTAL CLAIMS								RATE	· FEE	7	RATE	FEE
F	DR		NUMBER FILED .		NUME	NUMBER EXTRA		BASIC FE	\$385	OR	BASIC FEE	\$770
TO	OTAL CHARGE	ABLE CLAIMS	10 minus 20= * 1					X\$ 9=	1	OR	X\$18=	
INI	DEPENDENT C	LAIMS	2 "	ninus 3 =	* \			X43 =	 		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
M	JLTIPLE DEPE	NDENT CLAIM F			·	П			-	OR	ļ	
ا دا خ	the difference	in column 1 io	Jose than zero, optor "O" in column 2				i	+145=		OR	L	
* [. •		•	ss than zero, enter "0" in column 2				TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column							SMALL	ENTITY	OR	SMALL	THAN ENITITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		ÖR	X\$18=	
AME	Independent	<u>*</u>	Miņus	***		=		X4 3 =		OR	X8 6 =	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		1	+145=	<u></u> -	OR	+290=	
								TOTAL		ا ۱	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		_	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X4 3 =		OR	X8 6 =	
L <u>`</u>	FIRST PRESE	NTATION OF M	JUITPLE DE	PENDENI	CLAIM		1	+145=		OR	+2¶0=	
					- :		L	TOTAL DDIT. FEE		OR A	TOTAL ODIT FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)				• '		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total.	*	Minus	**		=		X\$ 9=		OR	X\$18=	·
AME	Independent	*	Minus			=		X4 3 =		OR	X8 6 =	
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		-				+2 9 0=	
		nn 1 is less than th					L	+145=		OR	TOTAL	
***	f the "Highest Nur	nber Previously Pa nber Previously Pa ber Previously Paid	aid For" IN THI	S SPACE is	less than	3, enter "3."	· · ·	ODIT. FEE	opriate box		DDIT. FEE	